

RECEIPT
#3

A circular black and white stamp. The text "OIPE" is at the top, "JCI21" is at the top right. The date "JUN 16 2000" is in the center. The text "PATENT & TRADEMARK OFFICE" is at the bottom.


Diane Dunn McKay

**In re Application of
Ward, S.**

Group Art Unit: 2768
Examiner: TBD

**For: METHOD AND SYSTEM
FOR HOME MEDICAL
MANAGEMENT**

Assistant Commissioner for Patents
Washington, D.C. 20231

AUG 1 1960

GROUP 2700

REQUEST FOR CORRECTED FILING RECEIPT

Request is hereby made for a corrected Filing Receipt.

(1) In the APPLICANT(S):

correct to read STEPHANIE WARD.



Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Diane Dunn McKay", written over a horizontal line.

Diane Dunn McKay
Reg. No. 34,586
Attorney for Applicants

DATE: June 12, 2000

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AUG 1 2000
GROUP 2700

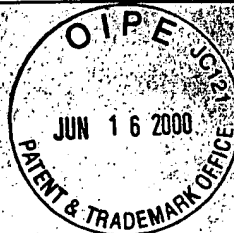
FILING RECEIPT



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/458,899	12/10/99	2768	\$425.00	4402-103	11	25	2

DIANE DUNN MCKAY
MATHEWS COLLINS SHEPHERD & GOULD PA
100 THANET CIRCLE SUITE 306
PRINCETON NJ 08540



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) ~~STEPHANIE~~ WARD, NESHANIC STATION, NJ.
STEPHANIE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/28/00 ** SMALL ENTITY **
TITLE
METHOD AND SYSTEM FOR HOME MEDICAL MANAGEMENT
PRELIMINARY CLASS: 705

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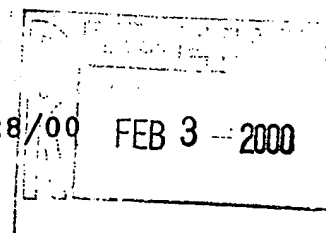
GROUP 2700

DATA ENTRY BY: SASFAI, DAVID J.

TEAM: 03 DATE: 01/28/00 FEB 3 - 2000

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

(See reverse for new important information)



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Bib Data Sheet

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COMMERCE****Patent and Trademark Office**Address: COMMISSIONER OF PATENTS AND TRADEMARKS
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SERIAL NUMBER 09/458,899	FILING DATE 12/10/1999 RULE -	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. 4402-103	
APPLICANTS STEPHANIE WARD, NESHANIC STATION, NJ ;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/28/2000					
** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		STATE OR COUNTRY NJ	SHEETS DRAWING 11	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance					
Verified and Acknowledged		Examiner's Signature _____ Initials _____			
ADDRESS DIANE DUNN MCKAY MATHEWS COLLINS SHEPHERD & GOULD PA 100 THANET CIRCLE SUITE 306 PRINCETON ,NJ 08540					
TITLE METHOD AND SYSTEM FOR HOME MEDICAL MANAGEMENT					
FILING FEE RECEIVED 425	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		